2000-2001 ANNUAL REPORT Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389 • www.medbd.ca.gov

New Initiatives to Promote Patient Safety

The Medical Board of California recognizes its responsibility to protect and promote patient safety beyond its two mandatory duties of physician licensure and enforcement. To that end, in Fiscal Year 2000-01, the Board initiated several new endeavors.

Office of the Medical Director

The Board established this new position and appointed Neal D. Kohatsu, M.D., M.P.H., as its Medical Director, to coordinate development of the Board's healthcare policy agenda, develop medical issues under consideration by the Board's committees, enhance working relationships with medical schools and medical societies, and represent the Board in various forums, including the Legislature and professional meetings.

Dr. Kohatsu analyzes medical issues for the Board's committees, assures the effective implementation of Board policy, and manages the Expert Reviewer Program of the Board's Division of Medical Quality.

PREPS Program

The "Practitioner Remediation to Enhance Patient Safety (PREPS) Program" is a pilot project first proposed by the Citizen Advocacy Center (CAC—a not-for-profit, training, research and support network for public members of healthcare regulatory and governing boards), with funding from the Health Resources and Services Administration. The goal of this program is to improve patient safety and the quality of care through the directed education and training of identified practitioners in need of remedial training. In this program the Medical Board will partner with certain hospitals and health systems to identify candidates for remedial training. These physicians would then participate in a remediation plan designed by, and under the review of, the health facility.

The PREPS Program responds to the Institute of Medicine's 2000 report, "To Err is Human—Building a Safer Health System." Specifically, among the recommendations, the report challenged health professional licensing bodies to "work

with certifying and credentialing organizations to develop more effective methods to identify unsafe providers and take action." The PREPS Program addresses the small subset of physicians who have knowledge or skills deficits that could contribute directly or indirectly to the occurrence of medical errors and adverse patient outcomes, if left unaddressed.

Internet Crimes Investigator

Crimes on the Internet have grown proportionally with the rapid growth of the Internet and Internet commerce. Violations of the law have ranged from misleading advertising on Web sites to trafficking in narcotics. The Board recently dedicated one investigator position to address this unique form of crime. This investigator monitors computer activities and the news media to detect violations. He then gathers evidence and refers cases for criminal prosecution. In addition, the investigator assists other investigators by providing information technology expertise. Since Internet crime often involves a number of

(Continued on page ii)

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY									
Alameda	3,666	Inyo	43	Monterey	799	San Luis Obispo	670	Trinity	11
Alpine	0	Kern	948	Napa	444	San Mateo	2,326	Tulare	447
Amador	62	Kings	126	Nevada	241	Santa Barbara	1,098	Tuolumne	115
Butte	423	Lake	80	Orange	7,700	Santa Clara	5,372	Ventura	1,553
Calaveras	47	Lassen	46	Placer	669	Santa Cruz	610	Yolo	505
Colusa	12	Los Angeles	24,653	Plumas	28	Shasta	429	Yuba	67
Contra Costa	2,403	Madera	134	Riverside	2,241	Sierra	1		
Del Norte	51	Marin	1,406	Sacramento	3,191	Siskiyou	77	Californ	ia Total
El Dorado	251	Mariposa	14	San Benito	37	Solano	683	84,6	75
Fresno	1,529	Mendocino	208	San Bernardino	2,953	Sonoma	1,264	Out of Sta	ate Total
Glenn	10	Merced	224	San Diego	7,835	Stanislaus	706	24,6	14
Humboldt	296	Modoc	5	San Francisco	4,769	Sutter	164	Current 1	Licenses
Imperial	120	Mono	30	San Joaquin	827	Tehama	56	109,2	289

MISSION STATEMENT OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

state, federal, and local jurisdictions, the Board routinely works with other law enforcement agencies and prosecutors.

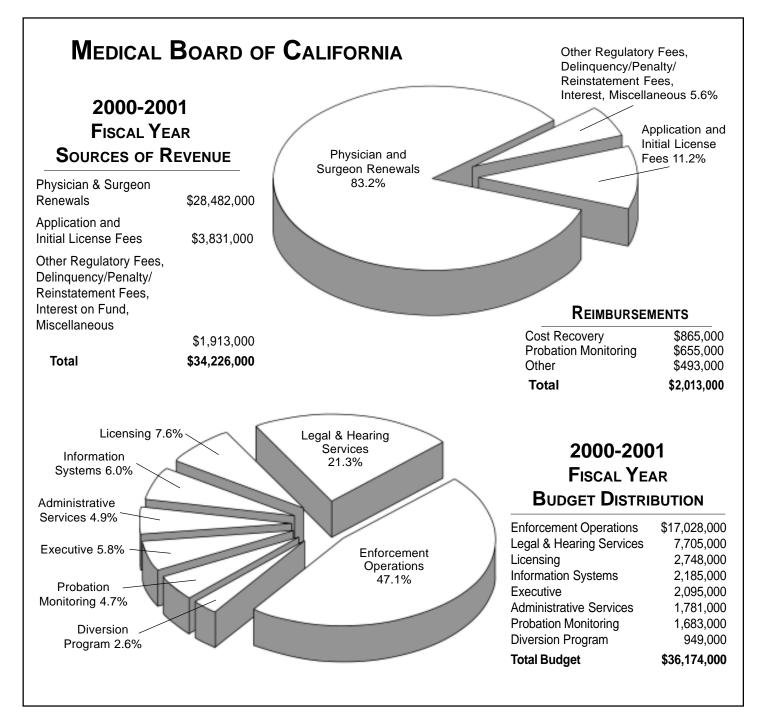
A number of violations of law are being investigated. Some Internet sites are involved in the treatment of illnesses and the prescribing of drugs without any examination, which specifically violates California law. Unfair, misleading and fraudulent claims regarding physician services also are being made in advertising, and some Internet sites make bogus or unscientific claims about procedures or

remedies. Some services offer the unlicensed practice of medicine. By establishing a full-time investigator, the Board is aggressively addressing these violations to protect the public.

MBC Web Site (www.medbd.ca.gov)

The Medical Board's Web site has been overhauled and expanded to make it more useful for consumers and physicians. Many of the Board's forms are now downloadable, from its complaint form to

many of the forms physicians and others in healthcare-related professions routinely request. Also, many of the Board's publications and its newsletter are downloadable. The Board has added links for patients and physicians to critical healthcare sites, and continues to search for other high-quality sites of interest. The Board considers its Web site to be a major resource to assist licensees and the public. Medical Board staff routinely evaluates and updates the site to enhance its usefulness.



Licensing Numbers

The Division of Licensing issued 3,777 new medical licenses last year, bringing the number of physicians licensed by the Board to 109,289.

While the number of new licenses issued was lower than in previous years, applications for licensure continue to increase, reflecting the ongoing desirability of California as an environment in which to practice medicine. The number of international medical graduates licensed increased from 786 in FY 99-00 to 878 in FY 00-01.

Process Improvements

The licensing application was significantly revised to improve clarity.

Fingerprint processing has been streamlined through participation in the Department of Justice's (DOJ) Live Scan program. This program allows California applicants to electronically transmit fingerprints directly to both the DOJ and the FBI. Applicants are now notified by postcard that their application for licensure has been received.

Physician and surgeon applicants may now obtain application forms online by accessing the Board's Web site at www.medbd.ca.gov. In addition, many forms and materials for physicians are now available at the Board's Web site, including change of address, notification of name change, application for continuing medical education (CME) waivers, application for inactive license status, and more.

Licensing Requirements

Physicians and surgeons not in compliance with the CME requirement were issued citations and fines following audit procedures and a compliance deadline. The annual audit concluded that 89 percent of the 743 physicians audited passed the audit.

AB 1820 requires all California medical school applicants who apply for licensure after January 1, 2004 to complete course work in geriatric medicine. General internists and family practice physicians must take 20 percent of their CME in geriatric medicine, if 25 percent of their patients are 65 years old or older. This requirement will be enforced through the CME audit process.

Division of Licensing

Special Programs

The Division's Special Programs Committee granted licensing exemptions to 108 international physicians last year. These licensure exemption categories have been established in statute or regulation within the Business and Professions Code.

Among them is Section 2168, permitting California medical schools to recruit academically eminent physicians to serve and practice as faculty members in California medical schools.

Under Section 2113, physicians are invited by a California medical school to participate in a clinical faculty position. The clinical faculty position attracts internationally known specialists to our medical schools to provide service of the highest caliber, in teaching, research and clinical care.

The Section 2111 program involves international physicians in clinical training. The intent is to allow the physicians to later return home to use the knowledge gained in the training to enhance the quality of medicine within their home countries.

Site visits to California medical schools offering these special programs to physi-

cians are conducted for the Board every two years to ensure compliance with regulations and quality of training. The University of California, San Francisco, School of Medicine and Keck School of Medicine of the University of Southern California were visited last year.

The Division's Consumer Information Unit remains at the forefront for contact with the public, applicants, licensees and interested parties. The unit answered 198,628 telephone calls last year.

Physician Assistants

As of July 1, 2001, all physicians and surgeons, unless specifically prohibited from doing so, are entitled to supervise physician assistants. Staff is working to adjust procedures and records to conform to this new provision.

Licensed Midwives

There are currently 112 licensed midwives in California. Licensed midwives now have expanded disclosure requirements to patients due to the passage of SB 1479. All licensed midwives have been notified of the disclosure standards and informed consent requirements of SB 1479.

2000-2001 LICENSES

AFFILIATED HEALING ARTS

ISSUED	CURRENT	
12	112	
54	1,183	
14	464	
90	1,813	
1,228	11,484	
6	72	
0	4	
151	1,927	
1,555	17,059	
	12 54 14 90 1,228 6	12 112 54 1,183 14 464 90 1,813 1,228 11,484 6 72 0 4 151 1,927

For additional copies of this report, please fax your company name, address, telephone number and contact person to the Medical Board Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

DIVISION OF LICENSING ACTIVITY

	FY 99-00	FY 00-01		FY 99-00	FY 00-01
Physician Licenses Issued		** *-	LICENSING ENFORCEMENT ACTIVITY	99-00	00-01
FLEX/USMLE ¹	3,338	3,237	Probationary license granted	2	4
NBME ¹	528	370	License Denied (no hearing requested)	2	7
Reciprocity with other states	177	170	Statement of Issues to deny license filed	4	11
Total new licenses issued	4,043	3,777	Statement of Issues granted (license denied)	2	3
Renewal licenses issued—with fe Renewal licenses—fee exempt ²	,	47,469 4,457	Statement of Issues denied (license granted) Statement of Issues withdrawn	1 1	5 0
Total licenses renewed Physician Licenses in Effect	51,951	51,926	¹ FLEX = Federation Licensing Exam USMLE = United States Medical Licensing Exam NBME = National Board Medical Exam		
California address	82,872	84,675	² Includes physicians with disabled, inactive, retired	l. or mili	tarv
Out-of-state address	25,196	24,614	license status.	,	
Total	108,068	109,289			
SPECIAL FACULTY PERMITS					
Permits issued	3	1			
License exemptions renewed	0	2			
Total active exemption	3	4			

VERIFICATION ACTIVITY SUMMARY

	FY 99-00	FY 00-01		FY 99-00	FY 00-01
LICENSE STATUS VERIFICATIONS			CERTIFICATION LETTERS AND		
Phone verifications	180,400	130,483	LETTERS OF GOOD STANDING	11,132	11,858
Online access verifications	*	692,879	FICTITIOUS NAME PERMITS		
Written verifications**	44,273	3,934	Issued	1,180	1,082
Technical support	***	132,949	Renewed	4,084	4,101
Authorized Internet users	534	842	Total number of permits in effect	8,107	8,505
Non-verification telephone calls	52,899	68,145			

^{*} Due to Y2K, the system previously used to access licensee information became inoperable in December 1999. Effective April 1, 2000 a new password-protected site on the Internet was developed to replace the previous system. Thus, statistics are unavailable.

REPORT VERIFICATIONS

	FY 99-00	FY 00-01		FY 99-00	FY 00-01
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	253	194	B&P Code §805 reports of health facility discipline received	112 ⁴	135 ⁵
Adverse Actions reported to the NPDB ¹ NPDB reports received from insurance companies or self-insured individuals/ organizations	528 ² 815	520 ³ 909	 NPDB = National Practitioner Data Bank Includes 516 MDs, 7 podiatrists, and 5 phys. Includes 484 MDs, 30 podiatrists, and 6 phy Includes 110 MDs, 1 psychologist, and 1 pod Includes 124 MDs, 8 psychologists and 3 po 	sician assistar liatrist.	

^{**} Decrease is due to entities' ability to access the Licensing Verification System (LVS) this fiscal year.

^{***} Clerical and staff-support duties. Includes e-mail, processing renewals, faxing urgent documents, releasing holds on licenses, filing, mailing, responding to correspondence, and retrieving voice-mail requests from the automated system. This function was not previously recorded.

DIVISION OF MEDICAL QUALITY

Alternative Medicine

The Enforcement Program staff has, in the past year, addressed a number of new and emerging projects and topics. Among those is Complementary and Alternative Medicine (CAM). SB 2100 by Senator John Vasconcellos requires the Board to assess the need for investigative standards for complaint review and investigation of cases involving physicians using CAM in their practice. A public forum was held in Sacramento in June 2001 to receive comment on this subject from interested parties. A consensus emerged at the forum that there should not be separate standards for investigation of CAM cases. The Board's Expert Reviewer Program will actively recruit experts with knowledge of CAM or those who currently use CAM in their daily practice. Moreover, training is being developed for Board investigators in CAM treatment modalities.

Board Training

With the appointment of new members to the Division of Medical Quality, a Board retreat was held in March 2001. Board members were given an overview of the Board's history, how the legislative and regulatory process works, and the operations and functions of the various programs within enforcement.

Investigations

This year, as in the past several years, there was a decline in the number of days it took to complete an investigation. In FY 00-01 that number was reduced to an average of 204 days. This notable improvement from the recent past, in which 300-plus days was the average, has resulted from the ongoing, concerted effort of the Medical Board and its staff to focus on program efficiency. Board staff strive to complete the investigation phase in an expeditious manner, mindful, as always, of the due process rights of the physician under investigation. Consequently, while it will strive to reduce investigation time where appropriate, the Enforcement Program will not sacrifice quality to achieve this goal.

Investigation time is not the only measure enforcement senior staff use as an indicator of operational efficiency. A regulatory agency also must look at the quality of the cases referred for administrative action. While there was a slight increase in the number of cases referred for administrative action this past year, there was a significant decline in the number of Accusations withdrawn. In FY 99-00, 71 Accusations were withdrawn—an action that occurs prior to the matter going to hearing. In FY 00-01 only 45 Accusations were withdrawn. In addition, the number of cases that settle prior to hearing remains high—approximately 70% of all administrative cases settle at an early stage, saving the Board significant time and resources.

Unlicensed Practice

While enforcement efforts continue to be directed toward quickly and effectively identifying those physicians who present a clear and present danger to the public health and safety, it also recognizes its obligation to protect California citizens from the unsafe, dangerous and sometimes deadly practice of medicine by unlicensed individuals.

In the last few years, the Board has witnessed a steady increase in the fraudulent (unlicensed) practice of medicine. There has been a growing phenomenon of unlicensed, unregulated "clinics," predominately working in poor and immigrant communities in Southern California.

These clinics usually provide various medical treatments by unlicensed individuals. Frequently, the consultation results in the dispensing of a dangerous drug which may not be manufactured under FDA guidelines or even approved for use in the United States. The result of these practices has been increasing cases of untreated disease, medical complications and death.

In the past, the Board has found some success in combating these kinds of operations through special strike forces composed of personnel from the Medical Board and local law enforcement. Unfortunately, not all local jurisdictions can sustain this type of activity. For that reason, the Medical Board established "Operation Safe Medicine," with four investigators dedicated to unlicensed practice issues. Operation Safe Medicine was in full operation in January 2001, and has already produced significant results, including several cases that have led to criminal prosecution.

PHYSICIANS & SURG COMPLAINTS RECEI		Health & Safety 1	Non- Jurisdictional ™	Competence/ Negligence &	Other Category	Personal Conduct •	Unprofessional Conduct	Unlicensed/ Unregistered	Total
Public	126	247	429	4,481	8	29	1,408	118	6,846
B&P Code ⁶	1	2	0	1,424	3	44	64	0	1,538
Licensee/Prof. Group ⁷	14	24	11	54	5	12	133	26	279
Governmental Agency ⁸	61	87	16	583	42	126	924	114	1,953
Anonymous/Misc.	22	30	10	39	2	15	121	44	283
Totals	224	390	466	6,581	60	226	2,650	302	10,899

- ¹ Health and Safety complaints include excessive prescribing, sale of dangerous drugs, etc.
- Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.
- ³ Competence/Negligence complaints are related to the quality of care provided by licensees.
- Personal Conduct complaints include licensee self-use of drugs/alcohol, conviction of a crime, etc.
 Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another
- Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.
- ⁶ Reference is to B&P Code sections 800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.
- ⁷ "Licensee or Professional Group" includes the following complaint sources: Other Licensee, Society/ Trade Organization, and Industry.
- 8 "Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.
- † Information required by Business and Professions Code section 2313.

COMPLAINTS RECEIVED BASED UPON REPORTS REQUIRED BY LAW[†]

Physicians	&	Surg	eons
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rigordina es surgeons	EX7	EX/				
	FY 99-00	FY 00-01				
MEDICAL MALPRACTICE						
Insurers B&P Code §§801 & 801.1	982	921				
Attorneys or Self-Reported or Employ		721				
B&P Code §§802 & 803.2	196	391				
Courts	•	2.7				
B&P Code §803	28	25				
Total Malpractice Reports	1,206	1,337				
CORONERS' REPORTS B&P Code §802.5	29	33				
CRIMINAL CHARGES & CONVICTIONS B&P Code §§802.1 & 803.5	31	37				
HEALTH FACILITY DISCIPLINE						
Medical Cause or Reason	110	101				
B&P Code §805	110	124				
OUTPATIENT SURGERY SETTINGS REPO	RT					
Patient Death B&P Code §2240(a) (effective 1-1-00)	2	7				
Patient Transfer B&P Code §2240(b) (effective 1-1-00)	105	369				
Affiliated Healing Arts Professionals*						
Affiliated Healing Arts Profession	als*					
Affiliated Healing Arts Profession	FY	FY				
S						
Affiliated Healing Arts Profession MEDICAL MALPRACTICE Insurers	FY					
MEDICAL MALPRACTICE	FY					
MEDICAL MALPRACTICE Insurers	FY 99-00	00-01				
MEDICAL MALPRACTICE Insurers B&P Code §§801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §§802 & 803.2 Courts	FY 99-00 36 ers 7	21 7				
MEDICAL MALPRACTICE Insurers B&P Code §§801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §§802 & 803.2 Courts B&P Code §803	FY 99-00 36 rers 7	00-01 21 7 0				
MEDICAL MALPRACTICE Insurers B&P Code §§801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §§802 & 803.2 Courts B&P Code §803 Total Malpractice Reports	FY 99-00 36 ers 7	21 7				
MEDICAL MALPRACTICE Insurers B&P Code §§801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §§802 & 803.2 Courts B&P Code §803	FY 99-00 36 rers 7	00-01 21 7 0				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports CORONERS' REPORTS B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS	FY 99-00 36 rers 7 1 44	00-01 21 7 0 28 0				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports Coroners' Reports B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS B&P Code §803.5	FY 99-00 36 ers 7 1 44	00-01 21 7 0 28				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports CORONERS' REPORTS B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS	FY 99-00 36 rers 7 1 44	00-01 21 7 0 28 0				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports CORONERS' REPORTS B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS B&P Code §803.5 HEALTH FACILITY DISCIPLINE	FY 99-00 36 rers 7 1 44	00-01 21 7 0 28 0				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports CORONERS' REPORTS B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS B&P Code §803.5 HEALTH FACILITY DISCIPLINE Medical Cause or Reason	FY 99-00 36 ers 7 1 44 1 3	00-01 21 7 0 28 0 2				
MEDICAL MALPRACTICE Insurers B&P Code §\$801 & 801.1 Attorneys or Self-Reported or Employ B&P Code §\$802 & 803.2 Courts B&P Code §803 Total Malpractice Reports CORONERS' REPORTS B&P Code §802.5 CRIMINAL CHARGES & CONVICTIONS B&P Code §803.5 HEALTH FACILITY DISCIPLINE Medical Cause or Reason B&P Code §805 OUTPATIENT SURGERY SETTINGS REPO	FY 99-00 36 ers 7 1 44 1 3	00-01 21 7 0 28 0 2				

^{*} Affiliated Healing Arts Professionals include: podiatrists, physician assistants, psychologists, dispensing opticians and licensed midwives.

Division of Medical Quali				
	97-98	98-99	99-00	00-01
Complaints/Investigations ¹				
Complaints Received	10,816	10,751	10,445	10,899
Complaints Closed by Complaint Unit [†]	8,657	9,024	8,319	7,690
Investigations				
Cases Opened	2,154	2,139	2,083	2,320
Cases Closed [†]	2,423	2,493	1,995	2,374
Cases referred to the AG	676	618	491	510
Cases referred to DAs/CAs	81	69	61	58
Administrative Filings †				
Interim Suspensions	32	31	19	17
Temporary Restraining Orders	1	2	0	0
Other Suspension Orders	10	29	25	27^{2}
Statement of Issues to Deny Application	4	8	*3	*3
Petition to Compel Mental Exam	13	19	6	9
Petition to Compel Competency Exam	9	5	0	1
Petition to Compel Physical Exam	6	15	5	5
Accusation/Petition to Revoke Probation	391	392	290	256
Total Administrative Filings	466	501	345	315
${f A}$ DMINISTRATIVE ${f A}$ CTIONS †				
Revocation	47	48	55	39
Surrender (in lieu of Accusation or with Accusation pe	nding) 86	77	67	49
Suspension Only	0	3	2	5
Probation with Suspension	19	12	17	16
Probation	108	110	109	91
Probationary License Issued	4	0	2	4
Public Reprimand	50	45	56	50
Other decisions (e.g., exam required, education course,		64	58	34
Total Administrative Actions	383	359	366	288
REFERRAL AND COMPLIANCE ACTIONS				
Citation and Administrative Fines Issued	288	332	250	513
Physicians Called in for Medical Review	19	23	16	9
Physicians Referred to Diversion Program ^{†4}	33	27	12	12
Total Referral & Compliance Actions	340	382	278	534
OTHER ADMINISTRATIVE OUTCOMES				
Accusation Withdrawn ⁵	80^{6}	76	71	45
Accusation Dismissed	8	16	12	9
Petitions for Penalty Relief ⁷ granted	29	19	16	18
Petitions for Penalty Relief ⁷ denied	20	14	17	13
Petition to Compel Exams granted	27	32	11	13
Petition to Compel Exams denied	3	4	0	0

¹ Some cases closed were opened in a prior fiscal year.

² Includes 7 Automatic Suspension Orders per B&P Code section 2236.1, 11 license restrictions per section 23 Penal Code, 6 out-of-state suspension orders per B&P Code section 2310 effective 1/1/98, and 3 stipulated agreements to suspend or restrict the practice of medicine.

³ Statement of Issues data now shown on Division of Licensing Activity, page iv.

⁴ Diversion Program referrals pursuant to B&P Code section 2350(b).

⁵ Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

⁶ Includes Statement of Issues withdrawn.

⁷ Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

[†] Information required by Business and Professions Code section 2313.

Business & Professions Code §2313—Additional Data Elements

 Additional data for Temporary Restraining Orders, Interim Suspension Orders, Automatic Suspension Orders, Orders issued pursuant to Penal Code §23, Out-of-State Suspension Orders, and Stipulated Agreements to suspend or restrict the practice of medicine:

Fiscal Year 2000-2001

	Orders Sought	Orders Granted
Mental/Physical Illness	5	3
Drug Prescribing Violations	2	2
Sexual Misconduct	20	17
Self Abuse of Drugs or Alcohol	7	8
Gross Negligence/Incompetence	6	3
Unprofessional Conduct	1	0
Criminal Charges/Conviction of a Crim	me 1	2
Fraud	2	9
Total	44	44

NOTE: Some orders granted were sought in prior fiscal year.

2. The number and type of action which resulted from cases referred by the state Department of Health Services pursuant to Welfare and Institutions Code §14124, relating to suspension of provider status for state medical assistance:

All Department of Health Services (DHS) notifications of Medi-Cal provider suspensions were added to existing MBC files as additional information because the basis for the DHS action (e.g. MBC license revocation, US Dept. of Health and Human Services suspension of Medicare provider privileges, etc.) was already reported or known to MBC.

3. Consumer inquiries and complaints:

Consumer inquiries	72,533
Jurisdictional inquiries	39,893
Complaint forms sent	15,957
Complaint forms returned by consumers	5,585

4. Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30, 2001:

Physician and Surgeon	141
Affiliated Healing Arts Professionals ¹	15

5. Number of probation violation reports sent to the Attorney General:

l:	MD	AH [*]	Total
FY 00-01 ²	22	1	23

6. Petitions to Revoke Probation Filed:	MD 18	AH ¹	Total 19
7. Dispositions of Probation Filings: Additional Suspension or Probation	1	1	5
Probation Revoked or License Surrendered	12	1	13
Petition Withdrawn/Dismissed	0	0	0
8. Petitions for Reinstatement of License:			
Filed	16	2	18
Granted	8	0	8
Denied	7	0	7

9. Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 99-00		FY 00-01	
	Avg.	Median	Avg.	Median
(a) Complaint Unit Processing	44	27	53	25
(b) Investigation	206	155	204	153
(c) Attorney General Processing to preparation of an Accusation(d) Other stages of the legal	97	60	112	75
process (e.g., after charges filed)	412	360	439	359

10. Investigator caseloads as of June 30, 2001:

Enforcement Field		Per
Operations Caseload:	Statewide	Investigator
Active Investigations	1,346	18
AG Assigned Cases ³	547	7
Probation Unit Caseload:		
Monitoring Cases ⁴	503	39
Active Investigations	35	3
AG Assigned Cases ³	46	n/a ⁵

- Affiliated Healing Arts Professionals for this section include: podiatrists, physician assistants, dispensing opticians, research psychoanalysts, and licensed midwives.
- ² These are in addition to the 510 MD and 82 AH cases referred to the Attorney General reported in the Enforcement Action Summary.
- ³ These cases are at various stages of AG processing, and may require supplemental investigative work such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.
- ⁴ 158 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2001.
- For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

11. Number and type of MD & AH action taken by case type in FY 00-01	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	11 (1 ¹)	14	0	2	31	0	23	19	100 (1)
Inappropriate Prescribing	5	5	0	1	6	0	6	3	26
Unlicensed Activity	0	0	0	1	0	0	3	0	4
Sexual Misconduct	5	4	0	1	6	0	0	0	16
Mental Illness	2	7	5	0	3	0	0	1	18
Self-use of drugs/alcohol	6	11	0	0	16	2	1	0	36
Fraud	6	4	0	8	10	1	4	0	33
Conviction of a crime	0 (1)	1	0	2	4	1	0	0	8 (1)
Unprofessional Conduct	4	3	0	1	8	0	13	11	40
Miscellaneous violations	0	0	0	0	7	0	0	0	7
Totals by Discipline Type	39 (2)	49	5	16	91	4	50	34	288 (2)

¹ Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS

	99-00	00-01
COMPLAINTS/INVESTIGATIONS ¹		
Complaints Received	988	1,015
Complaints Closed by Complaint Unit [†]	763	627
Investigations: Cases Opened	298	324
Cases Closed [†]	290	330
Cases referred to the AG	72	82
Cases referred to DAs/CAs	18	21
Administrative Filings [†]		
Interim Suspensions	0	0
Other Suspension Orders ²	2	1
Statement of Issues to Deny Application	3	5
Petition to Compel Mental Exam	1	0
Petition to Compel Physical Exam	0	0
Accusation/Petition to Revoke Probation	19	25
Total Administrative Filings	25	31
Administrative Actions †		
Revocation	4	4
Surrender (in lieu of Accusation or with Accusation pendin	g) 3	9
Probation with Suspension	1	3
Probation	7	9
Probationary License Issued	0	0
Public Reprimand	1	0
Other (e.g., exam required, education course, etc.) 1	3
Total Administrative Actions	17	28
REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	28	19
Office Conferences Conducted	7	6
Total Referral & Compliance Actions	35	25
OTHER ADMINISTRATIVE OUTCOMES		
Accusation/Statement of Issues Withdrawn	1	1
Accusation Dismissed	1	0
Statement of Issues Granted (Lic. Denied)	1	0
Statement of Issues Denied (Lic. Granted)	0	3
Petitions for Penalty Relief ³ granted	1	0
Petitions for Penalty Relief ³ denied	1	0
Petition to Compel Mental Exam granted	1	0

- ¹ Board of Psychology (BOP) statistics are included in this section. MBC handles complaints and investigations for BOP. The other sections include data on podiatrists, physician assistants, research psychoanalysts, dispensing opticians, and licensed midwives.
- ² Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.
- ³ Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

DIVERSION PROGRAM

The Physician Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance-abuse or mental-health disorders. The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance-abuse and mental-health disorders to avoid jeopardizing patient safety.

Physicians enter Diversion by one of three avenues. First, physicians may self-refer. This is often the result of concerned colleagues or family members encouraging the physician to seek help. Participation by self-referred physicians is completely confidential from the disciplinary arm of the Board. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Board as part of a disciplinary order.

During FY 00-01, 70 physicians were accepted by the Diversion Evaluation Committee, signed a formal Diversion Agreement and entered the program. Of those, 46 physicians had no open cases with the Board, eight physicians were diverted from discipline, and an additional 16 physicians entered as a result of disciplinary orders.

During FY 00-01, a total of 382 physicians were monitored by the Diversion Program. Of the 56 who left the program, seven were unsuccessful, while 49 successfully completed the five-year program, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

Activity ¹		
	99-00	00-01
Beginning of fiscal year	237	256
Accepted into program	62	70
Completions:		
Successful	27	46
Unsuccessful	16	7
Active at end of year	256	273
Other Activity		
Applicants ²	48	41
Out-of-state-monitored		
California licentiates	17	15
Completions:		
Successful	n/a	3
Unsuccessful	n/a	0
Total monitored at end of FY 00-01		326
Total monitored during FY 00-01		382

Type of Impairment ¹		
	00-01	l %
Alcohol	53	19
Alcohol & mental illness	25	9
Other drugs	86	32
Other drugs & mental illness	25	9
Alcohol & other drugs	41	15
Alcohol & other drugs &		
mental illness	38	14
Mental illness	5	2
Total	273	100

- Does not include applicant or out-of-state participant data.
- ² Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

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[†] Information required by B&P Code section 2313.